PTO/SB/81 (11-04)
Approved for use through 11/30/2005, OMB 0651-0035

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Application Number	
Filing Date	
First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

		Attorney Do	- KOLIND	1111111			
I hereby revoke all previ	ous powers of attorney giv	en in the abo	ve-ide	entified applic	cation.	• • • • • • • • • • • • • • • • • • • 	
I hereby appoint:							•
	Practitioners associated with the Customer Number:		000283				
OR ·	_						
Practitioner(s) named b	elow:						
	Name		•	Registre	ilion Numbe	r	
Raiph A. Dowell			26868				
Wendy M. Slade				5	3604		
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Trademark Office connected to	t(s) to prosecute the application in herewith.	ienuneo sodve,	ano io	ransaci ali dusii	HESE IN THE L	Jniien Stati	es Paleni and
The address association on The address association on The address association of The address as a second of The address as a seco	ated with Customer Number: Ralph A. Dowell of DOWELL &	ustomér Numbe	00029				
Address Suite 406, 2111 Eisenhower-Avenue							
City	Alexandria		State	VA	•	Zip 223	14
Country	US						
Telephone	703 415 2555		Fax	703 415 2559			
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
	SIGNATURE of	Applicant or As	signee	of Record			
	un-Vielle Vulia ges Jean-Pierre				Date		2206
Title and Company	Res Jean-rierre				Telephone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
Total of 2 forms are submitted.							

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Filing Date	
First Named Inventor	
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

		torney bocket number				
I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:						
Practitioners associ	oners associated with the Customer Number: 000293					
OR ·	<u>.</u>					
Practitioner(s) name	ed below:					
	Name	Registration Number				
Ralph A. Dowell		26868	;			
Wendy M. Slade		53604				
as my/our attorney(s) or as Trademark Office connect	gent(s) to prosecute the application identi- ed therewith.	ned above, and to transact all business in the United States Patent and				
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR 000293						
Firm or Individual Name Ralph A. Dowell of DOWELL & DOWELL, P.C.						
Address	Address Suite 406, 2111 Eisenhower-Avenue					
City	Alexandria	State VA · Zip 22314				
Country	US					
Telephone	703 415 2555	Fax 703 415 2559				
Applicant/inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Signature		Baskin Tardy Dale 3/5/200	6			
Name	Tardy Bastien	Telephone	-			
Title and Company						
NOTE: Signatures of all the Inventors or assigness of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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